

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010961

**Entity Name:** CENTER FOR THE TECHNOLOGICAL ADVANCEMENT OF  
CARDIOVASCULAR & THORACIC SURGERIES, LLC

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC8504327819**

**Current Principal Place of Business:**

3650 NW 82ND AVENUE  
SUITE 208  
DORAL, FL 33166

**Current Mailing Address:**

3650 NW 82ND AVENUE  
SUITE 208  
DORAL, FL 33166 US

**FEI Number: 26-1869015**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF MAX A ADAMS ESQ PLLC  
2151 S LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: MAX A ADAMS ESQ**

**01/15/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SEGUROLA, ROMUALDO J JR  
Address 12620 RAMIRO STREET  
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER  
Name REGO, ALFREDO  
Address 10800 BLUE PALM STREET  
City-State-Zip: PLANTATION FL 33324

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROMUALDO SEGUROLA MD**

**MGR**

**01/15/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date